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CONFIRMATION NO. 3724

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|------------------------------------|-----------------------------------------------------------|---------------------|-------------------------------|---------------------------------------|
| SERIAL NUMBER 10/642,638 | FILING OR 371(c) DATE 08/19/2003 RULE | CLASS 604 | GROUP ART UNIT 3761 | ATTORNEY DOCKET NO. 3659-70 |
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APPLICANTS

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**** CONTINUING DATA *******

This application is a DIV of 09/618,759 07/18/2000 PAT 6,890,315 which claims benefit of 60/206,232 05/23/2000

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 11/12/2003

**** SMALL ENTITY ****

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| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials | STATE OR COUNTRY NJ | SHEETS DRAWING 6 | TOTAL CLAIMS 6 16 | INDEPENDENT CLAIMS 12 |
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ADDRESS

23117

TITLE

Method and apparatus for peripheral vein fluid removal in heart failure

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| FILING FEE RECEIVED 393 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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